| SOUTHERN DI | ES DISTRICT CO STRICT OF NEW | YORK | | | |
|--|---|------------------------|----------------------|---|--|
| FRONTIER AIRLINES, INC. | | Plaintiff, | Case N | Io. 1:22-cv-02943 | |
| -agains | st- | | | | |
| LIMITED, ACCIPIT LIMITED, VERMIL LIMITED, WELLS COMPANY, N.A., 9 OWNER TRUSTEE | HOLDINGS IRELANI TER INVESTMENT 4 LION AVIATION (T' FARGO TRUST solely in its capacity a , and UMB BANK, N. y as OWNER TRUSTE | WO) as A., D. C. 1 | | | |
| | ·· | NOTICE OF C | HANGE OF AI | DDRESS | |
| TO: ATTO | ORNEY SERVICE | S CLERK AND ALI | OTHER PAR | TIES | |
| ✓ I have | cases pending | | | I have no cases pending | |
| Pursuant to Loc | cal Rule 1.3 of this | Court, please take no | tice of the follo | owing attorney information change (s) for: | |
| | Tes | ssa B. Harvey | | | |
| | | FILL IN ATTORN | EY NAME | | |
| My SDNY Bar | Number is: TH-3 | 187 My St | ate Bar Numbe | er is 5111240 | |
| I am, | | | | | |
| \checkmark | An attorney | | | | |
| $\overline{\Box}$ | A Government | Agency attorney | | | |
| | A Pro Hac Vice | attorney | | | |
| FIRM INFORM | MATION (Include | full name of firm (OI | LD AND NEW |), address, telephone number and fax number): | |
| OLD FIRM: | FIRM NAME: | Binder & Schwartz L | LP | | |
| | FIRM ADDRESS: 366 Madison Avenue, 6th Floor, New York, NY 10017 | | | | |
| | FIRM TELEPHONE NUMBER: (212)510-7008 FIRM FAX NUMBER: (212)510-7299 | | | | |
| | FIRM FAA NO | MIBER. (212)310-72 | .99 | | |
| NEW FIRM: | FIRM NAME: Binder & Schwartz LLP | | | | |
| | FIRM ADDRESS: 675 Third Avenue, 26th Floor, New York, NY 10017 | | | | |
| | FIRM TELEPHONE NUMBER: (212)510-7008 FIRM FAX NUMBER: (212)510-7299 | | | | |
| \checkmark | I will continue t | o be counsel of recor | d on the above- | entitled case at my new firm/agency. | |
| | I am no longer o | counsel of record on t | he above-entitl | ed case. An order withdrawing my appearance | |
| | | | | | |
| Datad. Int. 20 | 2023 | | /s/ Tessa | B. Harvey | |
| Dated: July 20, 2023 | | | ATTORNEY'S SIGNATURE | | |